STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155782	A. BUILDING 01 B. WING	01/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK HEALTH CAMPUS	814 S 6TH ST MONTICELLO, IN 47960

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/17/14 Facility Number: 012355 Provider Number: 155782 AIM Number: 201014410 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, White Oak Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. The one story facility was determined to be Type V (111) construction and fully sprinklered.	K0000	Submission of this plan of correction and credible allegation does not constitute an admission by the provider that the allegations are a true and accurate portrayal of the provisions of care in this facility. Please accept this plan as the same and our credible allegation of compliance. White Oak Health Campus submits this plan of correction as its letter of credible allegation and requests a desk review with paper compliance be considered in establishing the provider is in substancial compliance. We appreciate your consideration of this request.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	The facility has a fire alarm system with hard wired smoke detection in the corridors, areas open to the corridors and in resident rooms. The SNF certified health care occupancy was located on north end of the main building with a capacity of 55 residents and a census of 48 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/23/13. The facility was found not in compliance with the aforementioned requirements as evidenced by:			

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K0018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 Based on observation and interview, the facility failed to ensure doors protecting corridor openings in 1 of 8 smoke compartments could latch into the door frame. This deficient practice affects staff, visitors and 21 residents in the 200 hall smoke compartment. Findings include: Based on observation with the maintenance director and administrator on 01/17/13 at 2:05 p.m., the double door set providing access to the 200 hall linen storage room each required one door to latch into the door frame before the second door would latch into the first door and secure them both tightly into the door frame. The maintenance director acknowledged at the time of observations, each door could not latch independently into the door frame.	K0018	1. No residents were found to have been affected.2. Residents that reside on 200 unit have the potential to be at risk of alleged deficient practice. 3. The 200 unit doors identified are the only double door set at the facility. 4. Director of Plant Operations (DPO) will check the doors for proper closure and document on his monthly rounding audit tool. Audit results will be brought to monthly Quality Assurance (QA) Meeting. Trends will be reviewed by QA Committee x 6 months or until 100% compliance is achieved.	02/16/2013

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	3.1-19(b)			

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K0050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were conducted at unexpected times under varying conditions during 4 of 4 quarters. This deficient practice affects all occupants. Findings include: Based on a review of Fire Drill Reports provided for the past year with the administrator and maintenance director on 01/17/13 at 3:55 p.m., fire drill times varied less than an hour for all four quarters for the first and second shifts. Drills during the second shift were conducted at 2:00 p.m., 2:55 p.m., 2:31 p.m., and 2:30 p.m. First shift drills were conducted at 10:25 a.m., 10:00 a.m., 10:30 a.m., and 10:17	K0050	1. No residents have been found to be affected.2. Residents at the facility have the potential to be at risk for the alleged deficient practice. 3. Director of Plant Operations (DPO) will schedule varied fire drill times for the year.4. DPO will utilize the Trilogy Fire Drill Record to record times of fire drills in order to note the varied times for the year. The Fire Drill Record will be brought to monthly Quality Assurance (QA) meetings. Trends will be reviewed by the QA Committe x 6 months or until 100% compliance is achieved.	02/16/2013

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	a.m. Night shift drills were conducted at various times. The administrator and maintenance director agreed the drills did not occur at unexpected times. 3.1-19(b) 3.1-51(c)			

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K0062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation, record review and interview; the facility failed to ensure 1 of 1 fire hydrants providing water to supplement the automatic sprinkler system was tested annually. NFPA 25, 4-3.2 requires hydrants shall be tested annually to ensure proper functioning. Each hydrant shall be opened fully and water flowed until all foreign material has cleared. Flow shall be maintained for not less than one minute. This deficient practice affects all occupants. Findings include: Based on observation with the maintenance director and administrator on 01/17/13 at 1:15 p.m., a fire hydrant was located behind the facility. Based on a review of Sprinkler Inspection Test and Maintenance Reports with the maintenance director and administrator on 01/17/13 at 4:10 p.m., there was no record for	K0062	1. No residents were found to have been affected.2. Residents residing at the facility have the potential to be affected by the alleged deficient practice.3. The City of Monticello has sent the facility a letter on letterhead that states they will be responsible for flushing the hydrant behind our property.4. Director of Plant Operations will add this to the Preventative Maintenance Program binder with annual equipment to be tested. Results will be brought to Quality Assurance Committe to ensure compliance x 6 months or until 100% compliance is achieved.	02/16/2013

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	flushing of the hydrant. The maintenance director said at the time of record review, he didn't know if the hydrant was facility owned and did not know if it had been flushed. 3.1-19(b)			

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K0069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 Based on observation and interview, the facility failed to provide the minimum protection between 2 of 2 commercial cooking appliances in the kitchen. NFPA 96, 9-1.2.3 requires deep fat fryers shall be installed with at least a 16 inch space between the fryer and surface flames from adjacent cooking equipment except where a steel or tempered glass baffle plate is installed at a minimum of eight inches in height between the adjacent appliances. This deficient practice could affect 5 kitchen staff. Findings include: Based on observation of the commercial cooking appliances in the kitchen with the maintenance director and dietary manager on 01/17/13 at 2:25 p.m., the minimum separation of 16 inches or separation by a steel or tempered glass baffle plate was not provided between the range and fryer which were located side by side. The range was eight	K0069	1. No residents were found to have been affected.2. Residents residing at the facility have the potential to be affected by this alleged deficient practice.3. A splashguard will be installed on the deep fryer in the kitchen. This is the only fryer in the facility. 4. Director of Plant Operations will document compliance of separation between the fryer and the range on the monthly Preventative Maintenance rounding tool. Results will be brought to monthly Quality Assurance (QA) Meetings. Trends will be reviewed by QA Committee.	02/16/2013

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	inches from the fryer. The shield provided to separate the two appliances was four inches tall. The maintenance director and dietary manager said at the time of observation, they were unaware the separation requirements had not been met. 3.1-19(b)			